EXHIBIT 11

209:20 Desc:

RECEIVED SEP 15 2021

PRIME CLERK LLC

Participant must provide	all of the information below in English:
Participant's contact info if any.	ermation, including email address, and that of its counsel,
Participant's Name: Gre	en Seeing Delgite
Participant's Address: c/X	referen \$21- Ure legres legres de 2125 de a suirez de e grail-com.
Participant's Email Address: _ ayo	lea suire d e gnail-com.
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim nur	nber and the nature of Participant's Claim:
Claim Number:	nber and the nature of Participant's Claim: 17 AIC 3283 LT 5 # 50,189 In Re
Nature of Claim:	In the
Nature of Claim: By: Signature /	N locate
Azafea Suar	er Delgado
Print Name	
Title (if Participant is not an i	ndividual)
9-7-21 Date	
of Intent to Participate in Discovery	Court on the docket using the CM/ECF docket event Notice for Commonwealth Plan Confirmation, in <i>In re</i> 2 No. 17 BK 3283-LTS, through the Court's case filing eadline. If you are not represented by counsel, you may 's Clerk's Office at: United States District Court, Clerk's e. 150, San Juan, P.R. 00918-1767.
210720V2 CONFIRMATION DISCOVERY PI	AOCEDURES NOTICE VERSION JULY 20, 2021 9
TO THE RESIDENCE OF THE PARTY O	